

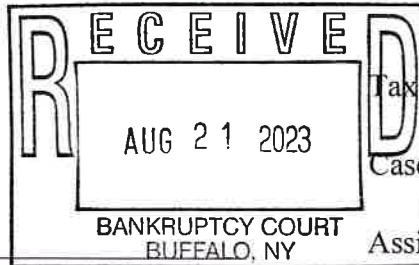
UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK

Proceedings Under Subchapter V
Chapter 11

In re

O'DAR GROUP, LLC,

Debtor.



Tax I.D. No. 83-3291530

Case No.: 1-23-10349-CLB

Assigned Judge: Carl L. Bucki

**BALLOT FOR ACCEPTING OR REJECTING
DEBTOR'S PLAN OF REORGANIZATION**

O'Dar Group, LLC (the "Debtor"), filed a Plan of Reorganization dated July 17, 2023 [D.E. ____] (the "Plan"). The Court has set a Hearing on Confirmation with respect to the Plan for _____, 2023 at ____:____.M. (Prevailing Eastern Time). The Plan provides information to assist you in deciding how to vote your ballot. If you do not have a copy of the Plan, you may obtain a copy from

Gleichenhaus, Marchese & Weishaar, P.C.
Attn: Michael A. Weishaar, Esq.
930 Convention Tower
43 Court Street
Buffalo, New York 14202.

The Order Setting Confirmation Hearing and Related Deadlines does not indicate approval of the Plan by the Court.

You should review the Plan before you vote. You may wish to seek legal advice concerning the Plan and your classification and treatment under the Plan. Your claim has been placed in a Class under the Plan. If you hold claims or equity interests in more than one class, you should receive a ballot for each class in which you are entitled to vote. If you do not, you may photocopy this ballot.

**PLEASE READ AND FOLLOW THE ENCLOSED INSTRUCTIONS FOR COMPLETING BALLOTS
CAREFULLY BEFORE COMPLETING THE BALLOT**

**THIS BALLOT MUST BE ACTUALLY RECEIVED BY THE CLERK BY _____,
2023 at ____:____.M. PREVAILING EASTERN TIME (THE "VOTING DEADLINE")**

IMPORTANT NOTICE: The Plan provides different treatment to different Classes of Claims. If you do not indicate to which Class your Claim belongs, your ballot will be deemed within Class 2, General Unsecured Claims, unless you are a creditor which the Plan classifies separately by name. If you do not check the box for "accepts" or "rejects," the return of a signed, but unchecked, ballot will be deemed an acceptance.

Item 1. Class of the Claim

3 _____

The undersigned is a Class _____ Creditor of the above-named Debtor. (insert Class in box).

Item 2. Amount of Claims

The undersigned hereby certifies that as of the commencement of the case, on April 18, 2023 the undersigned was the holder of a Claim(s) in the aggregate amount of (insert amount in box below):

\$ 190,265.47 _____

Item 3. Vote on Plan

The undersigned holder of a Claim set forth above votes to (please check one):

☐ ACCEPT THE PLAN

☒ REJECT THE PLAN

ANY BALLOT THAT IS EXECUTED BY THE HOLDER OF A CLAIM BUT THAT INDICATES BOTH AN ACCEPTANCE AND A REJECTION OF THE PLAN OR DOES NOT INDICATE EITHER AN ACCEPTANCE OR REJECTION OF THE PLAN WILL BE DEEMED A VOTE TO ACCEPT THE PALN.

Item 5. Certifications

By signing this Ballot, the undersigned certifies to the Bankruptcy Court and to the Debtor:

- a) that either: (i) the Entity is the holder of the Claim being voted; or (ii) the Entity is an authorized signatory for an Entity that is a holder of the Claim being voted;
- b) that the Entity has received a copy of the Plan and acknowledges that the solicitation is being made pursuant to the terms and conditions set forth therein;
- c) that the Entity has cast the same vote with respect to all Claims that it holds or for which it is the authorized signatory; and
- d) that no other Ballots with respect to the amount of the Claim identified in Items 1 and 2 above have been cast or, if any other Ballots have been cast with respect to such Claims, then any such Ballots dated earlier are hereby revoked.

Dated: 8/17/2023

Name of Creditor: Lima One Capital LLC

Creditor's Signature: /s/ Greg Campbell

By: Greg Campbell

(If Appropriate)

As: Agent for Creditor

(Agent of Creditor)

Address: _____

All ballots must be received on or before _____, 2023 at ____:____.M.

Mail to:

---- For Ballot Tabulation Only ----

United States Bankruptcy Court
Western District of New York
Robert H. Jackson U.S. Courthouse
2 Niagara Square
Buffalo, NY 14202

Ballot No. _____ Creditor Class _____

Claim No. _____ Claim \$ _____

Claim Amount per Schedule \$ _____